

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 570978

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
		2				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
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23		(1)				
24			1			
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43				1		
44				1		
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	24	←	21	←		←
TOTAL CLAIMS	26		23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						